Glossary

FOR THE GUIDING PRINCIPLES AND USER GUIDE

National quality use of medicines

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# Introduction

## Related publications

This Glossary for the Guiding Principles and User Guide contains terms, and if appropriate, definitions from external sources, that have been adapted to support and fit the context of:

* [Guiding Principles to Achieve Continuity in Medication Management](https://www.health.gov.au/)
* [Guiding Principles for Medication Management in the Community](https://www.health.gov.au/)
* [Guiding Principles for Medication Management in Residential Aged Care Facilities](https://www.health.gov.au/)
* [User Guide: Role of a Medication Advisory Committee](https://www.health.gov.au/).

# Glossary

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| Term | Definition |
| accountability | Being answerable for one’s actions, and the roles and responsibilities inherent in one’s job or position. |
| active ingredient | The approved pharmaceutical ingredient in a product, substance or compound that produces its biological effect in the body. For example, the active ingredient in the originator brand, Zyloprim, is allopurinol. |
| administration of a medicine | The process of giving a dose of medicine to a person or a person taking or self-administering a medicine. |
| advance care directive | A voluntary, person-led document completed and signed by a competent person that focuses on an individual’s values and preferences for future care decisions, including their preferred outcomes and care. Advance care directives are recognised by specific legislation (statutory) or under common law (non-statutory). They come into effect when an individual loses decision-making capacity. |
| adverse drug event | Harm associated with any dose of a medicine. See also **adverse event**, **incident**, **medication incident** and **near miss**. |
| adverse drug reaction | A response to a medicine that is noxious and unintended and occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function. An allergy is a type of adverse drug reaction. See also **adverse drug event** and **allergy**. |
| adverse event | An incident that results, or could have resulted, in harm to a patient or consumer. A near miss is a type of adverse event. See also **adverse drug event**, **adverse medicine event**, **incident**, **medication incident** and **near miss**. |
| adverse medicine event | See **adverse drug event**, **adverse event**, **incident**, **medication incident** and **near miss**. |
| Aged Care Transfer Summary (ACTS) | A document type in the My Health Record which enables residential aged care providers to digitally capture residents’ health information for transfer to another health facility, such as a hospital. |
| alert | Warning of a potential risk to a patient. |
| allergy | Occurs when a person’s immune system reacts to allergens in the environment that are harmless for most people. Typical allergens include some medicines, foods and latex. An allergen may be encountered through inhalation, ingestion, injection or skin contact. A medicine allergy is one type of adverse drug reaction. See also **adverse drug event** and **adverse drug reaction**. |
| alteration of oral dose form | The altering or crushing of oral tablets or capsules before administration to people who have difficulty swallowing. The alteration is intended to assist administration and ensure that people receive necessary medicines. Alteration of oral dose forms can have potentially unsafe consequences such as increased toxicity, decreased efficacy, altered palatability, and safety or stability concerns, including creating potential hazards to healthcare workers. |
| alternative medicines | Complementary medicines used instead of or as an alternative to conventional medical treatment. |
| anticipatory prescribing | When medicines are prescribed and dispensed in preparation for a time when a person needs them. They are used to manage symptoms in the home with the goals of rapid relief and avoiding unplanned or unwarranted admission to a healthcare facility. |
| antimicrobial | A chemical substance that inhibits or destroys bacteria, viruses or fungi, and can be safely administered to humans and animals. |
| antimicrobial stewardship (AMS) | An ongoing effort by a health service organisation to reduce the risks associated with increasing antimicrobial resistance and to extend the effectiveness of antimicrobial treatments. It may incorporate several strategies, including monitoring and review of antimicrobial use. |
| appropriate polypharmacy | Prescribing multiple medicines for an individual for complex conditions or for multiple conditions in circumstances where medicines use has been optimised and where the medicines are prescribed according to best evidence. See also **inappropriate polypharmacy** and **polypharmacy**. |
| assessment | A healthcare professional’s evaluation of a disease or condition based on the patient’s subjective report of the symptoms and course of the illness or condition, and the healthcare professional’s objective findings. These findings include data obtained through laboratory tests, physical examination and medical history; and information reported by carers, family members and other members of the healthcare team. The assessment is an essential element of a comprehensive care plan. |
| audit (clinical) | A systematic review of clinical care against a predetermined set of criteria. |
| Australian Charter of Healthcare Rights | Specifies the key rights of patients when seeking or receiving healthcare services. It was updated in 2020 and reflects an increased focus on personcentred care and empowers consumers to take an active role in their health care. |
| behavioural and psychological symptoms of dementia (BPSD) | Symptoms of disturbed perception, thought content, mood, or behaviour that occur commonly in people living with dementia. BPSD include calling out, screaming, verbal and physical aggression, hypersexuality, resistiveness, wandering, intrusiveness, repetitive behaviour, hoarding, nocturnal restlessness, emotionality, delusions and paranoid or reckless behaviours. Overall, prevalence increases with the severity of dementia. However, BPSD can occur at any stage of, and vary between types of dementia. In fronto-temporal dementia, disinhibition often results in early behavioural symptoms, while in Lewy body dementia, visual hallucinations are prominent. See also **dementia** and **responsive behaviour**. |
| best possible medication history (BPMH) | A list of all the medicines a patient is using at presentation. The list includes the name, dose, route and frequency of the medicine, and is documented on a specific form or in a specific place. All prescribed, overthe-counter and complementary medicines should be included. This history is obtained by a trained healthcare professional interviewing the patient (and/or their carer) and is confirmed, where appropriate, by using other sources of medicines information. |
| best practice | When the diagnosis, treatment or care provided is based on the best available evidence, which is used to achieve the best possible outcomes for patients. |
| best-practice guidelines | A set of recommended actions that are developed using the best available evidence. They provide healthcare professionals with evidence informed recommendations that support clinical practice, and guide healthcare professional and patient decisions about appropriate health care in specific clinical practice settings and circumstances. |
| carer | A person who provides personal care, support and assistance to another individual who needs it because they have a disability, medical condition (including a terminal or chronic illness) or mental illness, or they are frail or aged. An individual is not a carer merely because they are a spouse, de facto partner, parent, child, other relative or guardian of an individual, or live with an individual who requires care. A person is not considered a carer if they are paid, a volunteer for an organisation, or caring as part of a training or education program. |
| care worker | Paid workers supporting people to live the community. Examples include Aboriginal Health Workers and Torres Strait Islander Health Workers, assistants in nursing, personal care assistants, community support workers, disability care workers, home and community care workers. |
| clinical communication | The exchange of information about a person’s care that occurs between treating healthcare professionals, patients, carers and families, and other members of a multidisciplinary team. Communication can be through several different channels, including face-to-face meetings, telephone, written notes or other documentation, and electronic means. See also **clinical communication process** and **effective clinical communication**. |
| clinical communication process | The method of exchanging information about a person’s care. It involves several components and includes the sender (the person who is communicating the information), the receiver (the person receiving the information), the message (the information that is communicated) and the channel of communication. Various channels of communication can be used, including verbal (face to face, over the phone, through Skype), written and electronic. Sending and receipt of the information can occur at the same time, such as verbal communication between two healthcare professionals, or at different times, such as non-verbal communication during which a healthcare professional documents a patient’s goals, assessments and comprehensive care plan in the healthcare record, which is later read by another healthcare professional. See also **clinical communication** and **effective clinical communication**. |
| clinical governance | The set of relationships and responsibilities established by a healthcare service between regulators and funders, managers, owners and governing bodies (where relevant), healthcare providers, the workforce, patients, consumers and other stakeholders to ensure optimal clinical outcomes. It ensures that:   * The community can be confident there are systems in place to deliver safe and high-quality health care * There is a commitment to continuously improve services * Everyone is accountable to patients and the community for ensuring the delivery of safe, effective and high-quality health care. |
| cognitive impairment | Deficits in one or more of the areas of memory, communication, attention, thinking and judgement. This can be temporary or permanent. It can affect a person’s understanding, their ability to carry out tasks or follow instructions, their recognition of people or objects, how they relate to others and how they interpret the environment. Dementia and delirium are common forms of cognitive impairment seen in hospitalised older patients. Cognitive impairment can also be a result of several other conditions, such as acquired brain injury, a stroke, intellectual disability, licit or illicit drug use, or medicines. |
| collaboration | In the context of medication management, collaboration is a process whereby individuals and healthcare providers share their expertise and take responsibility for decision making. Accomplishing collaboration requires that individuals understand and appreciate what it is they, and others, want to contribute to the ‘whole’. |
| community care or service provider | Provider of a health and community care service in the community. |
| complementary and alternative medicines (CAMs) | CAMs include herbal, vitamin and mineral products, nutritional supplements, homeopathic medicines, traditional Chinese medicines, Ayurvedic medicines, Australian Indigenous medicines, and some aromatherapy products regulated under the Therapeutic Goods Act 1989. Other terms sometimes used to describe CAMs include ‘natural medicines’ and ‘holistic medicines’. See also **alternative medicines**. |
| consultation | Occurs when people seek information or advice and take into consideration the feelings and interests of all of the members of the medication management team. |
| consumer medicine information (CMI) | Brand-specific leaflets produced by a pharmaceutical company in accordance with the Therapeutic Goods Regulations to inform consumers about prescription and pharmacist-only medicines. Available from a variety of sources, for example, enclosed with the medicine package, supplied by a pharmacist as a leaflet or computer printout, provided by a doctor, nurse or hospital, or available from the pharmaceutical manufacturer. |
| coordinated governance | Occurs when public, private, acute and primary sectors across align their efforts to implement an agreed solution to the transnational problems encountered during continuity of medication management and do so in accordance with guiding principles and fundamental norms that ensure such governance is broadly regarded as legitimate. For example, this could involve primary care or allied health representation on hospital clinical governance structures and vice versa to ensure there is consistency and alignment between strategies. |
| credentialing | The formal process used by a health service organisation to verify the qualifications, experience, professional standing, competencies and other relevant professional attributes of healthcare professionals, so that the organisation can form a view about the healthcare professional’s competence, performance and professional suitability to provide safe, high-quality healthcare services within specific organisational environments. |
| current medicines list | See **medicines list**. |
| decision support tools | Tools that can help healthcare professionals and consumers to draw on available evidence when making clinical decisions. The tools have a number of formats. Some are explicitly designed to enable shared decision-making (for example, decision aids). Others provide some of the information needed for some components of the shared decision-making process (for example, risk calculators, evidence summaries), or provide ways of initiating and structuring conversations about health decisions (for example, communication frameworks, question prompt lists). See also **shared decision making**. |
| deprescribing | The process of tapering or stopping medicines, which aims to discontinue potentially inappropriate medicines, minimise inappropriate polypharmacy and improve a person’s health outcomes. Also referred to as ‘de-escalation’. |
| delirium | An acute disturbance of consciousness, attention, cognition and perception that tends to fluctuate during the day. It is a serious condition that can be prevented in 30–40% of cases and should be treated promptly and appropriately. Hospitalised older people with existing dementia are at the greatest risk of developing delirium. Delirium can be hyperactive (the person has heightened arousal; or can be restless, agitated and aggressive) or hypoactive (the person is withdrawn, quiet and sleepy). |
| dementia | Progressive cognitive impairment, affecting memory, judgement, language and the ability to perform everyday tasks. Alzheimer’s disease is the most common type of dementia. Dementia is predominately a disorder related to age but can affect people younger than 65 years old. This is known as younger onset dementia. |
| dignity of risk | The right of a consumer to make their own decisions about their care and services, as well as their right to take risks.  It is based on the concept that self-determination – the freedom to exercise control over your own life – is essential to personal dignity, and that this involves an element of risktaking. |
| discharge summary | A collection of information about events during care of a patient by a provider or organisation. The document is produced during a person’s stay in hospital as either an admitted or non-admitted patient and issued when or after the person leaves the care of the hospital. |
| dispensing | The (1) assessment of the medicine prescribed in the context of the person’s other medicines, medical history and the results of relevant clinical investigations available to the pharmacist; (2) selection and supply of the correct medicines; (3) appropriate labelling and recording; and (4) counselling of the person on the medicine(s). |
| diversity | The varying social, economic and geographic circumstances of consumers who use, or may use, the services of a health service organisation, as well as their cultural backgrounds, religions, beliefs, practices, languages spoken and sexualities (diversity in sexualities is currently referred to as lesbian, gay, bisexual, transgender and intersex, or LGBTI). |
| dose administration aid (DAA) | A device or packaging system such as blister packs, bubble packs or sachets for organising doses of medicines according to the time of administration. |
| downtime medication chart | A paper-based medication chart used for prescribing and administering medicines during the period in which the eNRMC system is unavailable for use. The medication charts are pre-populated with all the medicines that have previously been authorised by the person’s regular prescriber for administration. See also **electronic National Residential Medication Chart (eNRMC)** and **NRMC**. |
| drug use evaluation/drug utilisation (DUE) | An ongoing, systematic, criteria-based program of medicine evaluations that will help ensure appropriate medicine use. If therapy is determined to be inappropriate, interventions with providers or patients will be necessary to optimize pharmaceutical therapy. Also referred to as drug use review (DUR), medication use review (MUR) and more recently medicine use evaluation (MUE). |
| Drug Burden Index (DBI) | An Australian measurement scale of the cumulative exposure to medicines with anticholinergic and sedative effects. It is used to quantify risks of confusion, falls and oral health complications. |
| dysphagia | The medical term for difficulty, or inability to swallow, and may present as difficulty with sucking, swallowing, drinking, chewing, eating, controlling saliva, taking medicines, or closing lips, or when food or drink goes down the wrong way. Early signs of dysphagia are coughing, gagging or choking while eating and drinking. Dysphagia is a common problem affecting elderly people. It can lead to aspiration, which means food or drink go into the airway rather than the stomach. |
| education | Generally, a more formal gaining of theoretical knowledge within an institution over a period of years culminating in a qualification. |
| effective clinical communication | Two-way, coordinated and continuous communication that results in the timely, accurate and appropriate transfer of information. Effective communication is critical to, and supports, the delivery of safe patient care. See also **clinical communication** and **clinical communication process**. |
| electronic medication management (eMM) | Can refer to prescribing systems, such as GP desktop systems or hospital clinical information systems that have electronic ordering, decision support systems such as evidence-based order sets, dispensing systems, ordering and supply solutions or electronic medical records including medication charts in the acute and primary care sectors. |
| electronic National Residential Medication Chart (eNRMC) | A comprehensive and accurate electronic record of an individual consumer’s medicines for people living in residential care facilities. Information requirements within this record are (at a minimum) consistent with the Instrument of Approval for PBS National Residential Medication Charts. |
| electronic prescribing (e-prescribing) | Prescriptions that are issued and dispensed in an electronic system, without the use of a paper-based document at any point. |
| electronic prescription | A digital version of a paper prescription. A digital link can be sent by a healthcare provider to a person to store on their digital device (for example, a smart phone) until they need to access it for dispensing by a pharmacist. |
| embedded pharmacist | A pharmacist who is fully integrated within the care team and wherever medicines are used – including within primary care, residential care and other settings where medicines are prescribed, supplied and administered to people. |
| end of life | The period when a person is living with, and impaired by, a fatal condition, even if the trajectory is ambiguous or unknown. This period may be years in the case of individuals with chronic or malignant disease, or very brief in the case of those who suffer acute and unexpected illnesses or events, such as sepsis, stroke or trauma. |
| enrolled nurse (EN) | A person who provides nursing care under the direct or indirect supervision of a registered nurse. They have completed the prescribed education preparation, and demonstrate competence to practise under the Health Practitioner Regulation National Law as an enrolled nurse in Australia. Enrolled nurses are accountable for their own practice and remain responsible to a registered nurse for the delegated care. |
| environment | The physical surroundings in which health care is delivered, including the building, fixtures, fittings, and services such as air and water supply. Environment can also include other patients, consumers, visitors and the workforce. |
| evaluation | A critical appraisal or assessment, a judgment of the value, worth, character, or effectiveness of something; measurement of progress. A broad view of evaluation in health care includes three approaches, directed toward structure, process and outcome, depending on the focus of evaluation and the criteria or standards being used. |
| governance | The set of relationships and responsibilities established by a health service organisation between its executive, workforce and stakeholders (including patients and consumers). Governance incorporates the processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. Governance arrangements provide the structure for setting the corporate objectives (social, fiscal, legal, human resources) of the organisation and the means to achieve the objectives. They also specify the mechanisms for monitoring performance. Effective governance provides a clear statement of individual accountabilities within the organisation to help align the roles, interests and actions of different participants in the organisation to achieve the organisation’s objectives. In the National Safety and Quality Health Service (NSQHS) Standards, governance includes both corporate and clinical governance. |
| governing body | A board, chief executive officer, organisation owner, partnership or other highest level of governance (individual or group of individuals) that has ultimate responsibility for strategic and operational decisions affecting safety and quality in a health service organisation. |
| guidelines | Clinical practice guidelines are systematically developed statements to assist healthcare professional and consumer decisions about appropriate health care for specific circumstances. |
| health care | The prevention, treatment and management of illness and injury, and the preservation of mental and physical wellbeing through the services offered by healthcare professionals, such as medical, nursing and allied health professionals. |
| healthcare professional | A healthcare provider, trained as a health professional. Healthcare professionals may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include nurses, midwives, medical practitioners, allied health practitioners, technicians, scientists and other healthcare professionals who provide health care, and students who provide health care under supervision. |
| healthcare service | Used to describe acute, primary and community healthcare services, as well as other services involved in the delivery of health care to persons receiving care. Healthcare services are delivered in a wide range of settings and vary in size and organisational structure. These range from owner-operated services, where a single healthcare provider is also responsible for administrative and management operations, to complex organisations comprising of many healthcare providers, a supporting workforce, management and an overarching governing body. Where ‘healthcare service’ is used in the actions, this refers to those responsible for leading and governing the service. |
| health literacy | The Australian Commission on Safety and Quality in Health Care separates health literacy into two components – individual health literacy and the health literacy environment.  Individual health literacy is the skills, knowledge, motivation and capacity of a consumer to access, understand, appraise and apply information to make effective decisions about health and health care, and take appropriate action.  The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the healthcare system, which affect the ways in which consumers access, understand, appraise and apply health-related information and services. |
| high leverage and low leverage risk reduction strategies | Forcing functions, fail-safes, constraints and barriers are among the most powerful and effective high leverage strategies. Education and information, along with policies and checklists rely on memory, and are considered low leverage strategies. Use of low leverage strategies alone, does not significantly reduce the risk of errors or harm. |
| high-risk medicines | Medicines that have an increased risk of causing significant patient harm or death if they are misused or used in error. High-risk medicines may vary between hospitals and other healthcare settings, depending on the types of medicines used and patients treated. Errors with these medicines are not necessarily more common than with other medicines. Because they have a low margin of safety, the consequences of errors with high-risk medicines can be more devastating. At a minimum, the following classes of high-risk medicines should be considered:   * Medicines with a narrow therapeutic index * Medicines that present a high risk when other system errors occur, such as administration via the wrong route. |
| Home Medicines Review (HMR) | An Australian Government-funded service in which the medical practitioner and the accredited pharmacist both participate in the medication review process, consistent with the business rules for Item 900 of the Medicare Benefits Schedule. See also **medication review**. |
| hospital in the home (HITH) service | Provides an acute hospital substitution service that allows a person to receive care from nurses in their home. HITH may provide access to other various hospital services, including physiotherapy, occupational therapy, pharmacy, nutrition, social work, pathology and radiology. |
| imprest stock | A stock of medicines maintained at a pre-determined level for use in the facility, according to state or territory legislation and licencing arrangements. |
| inappropriate polypharmacy | Prescribing of multiple medicines inappropriately, or where the intended benefit of the medicine is not realised. See also **appropriate polypharmacy** and **polypharmacy**. |
| incident (clinical) | An event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a patient or consumer; or a complaint, loss or damage. An incident may also be a near miss. See also **adverse medicine event**, **medication incident** and **near miss**. |
| inclusive language | Language that is culturally appropriate and respectful of the diversity of Australia’s peoples. |
| informed consent | A process of communication between a patient and healthcare professional about options for treatment, care processes or potential outcomes. This communication results in the patient’s authorisation or agreement to undergo a specific intervention or participate in planned care. The communication should ensure that the patient has an understanding of the care they will receive, all the available options and the expected outcomes, including success rates and side effects for each option. |
| interdisciplinary care | An approach to care that involves team members from different disciplines working collaboratively, with a common purpose, to set goals, make decisions and share resources and responsibilities. A team of healthcare professionals from different disciplines, together with the patient, undertakes assessment, diagnosis, intervention, goal-setting and the creation of a care plan. The patient, their family and carers are involved in any discussions about their condition, prognosis and care plan. See also **multidisciplinary care** and **multidisciplinary team**. |
| Interim Residential Medication Administration Chart (IRMAC) | A standardised medication chart for use on an interim basis when patients are transferred from hospital to a residential aged care facility (RACF). Also referred to as an interim mediation administration chart or IMAC. It supports continuity in mediation management and enables RACF nurses to document administration of medicines until a review occurs. |
| Local Health Networks (LHNs) | Also referred to as ‘local health districts (LHDs)’, directly manage single or small groups of public hospital services and their budgets, and are directly responsible for hospital performance under the Performance and Accountability Framework outlined in Schedule D of the National Health Reform Agreement 2011. |
| mandatory | Required by law or mandate in regulation, policy or other directive; compulsory. |
| medication advisory committee (MAC) | A multidisciplinary group of advisors to the RACF who provide medication management leadership and governance, and assist in the development, promotion, monitoring, review and evaluation of medication management policies, procedures and guidelines that will have a positive impact on health and quality of life for people in their care. See also **medicines governance group**. |
| medication chart | A tool to document a record of the prescriber’s clinical intention for a person’s treatment, an order for the pharmacist to dispense a person’s medicine, and a record of administration of the medicine to the person. |
| medication incident (or adverse medicine event) | Also referred to as ‘medication error’, any preventable event, where a drug or medicine is implicated as a causal factor, that may lead to inappropriate medicine use or patient harm, while the medicine is in the control of the healthcare professional, patient or person. This encompasses both harm that results from the intrinsic nature of the medicine (an adverse drug reaction) as well as harm that results from medication errors or system failures associated with the manufacture, distribution or use of medicines. Such events may be related to professional practice; healthcare products; procedures and systems, including prescribing; order communication; product labelling, packaging and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use. See also **adverse medicine event**, **incident (clinical)** and **near miss**. |
| medication management | Practices used to manage the provision of medicines, including:   * How medicines are selected, ordered and supplied * How people take medicines or are assisted to take them * How medicines use is recorded and reviewed * How medicines are stored and disposed of safely * How medicines use is supported, monitored and evaluated.   Medication management occurs at both individual and services levels. Medication management has also been described as a cycle, pathway or system, which is complex and involves a number of different healthcare professionals. The person is the central focus. The system includes manufacturing, compounding, procuring, dispensing, prescribing, storing, administering, supplying and monitoring the effects of medicines. It also includes decisionmaking, and rules, guidelines, support tools, policies and procedures that are in place to direct the use of medicines. |
| medication management plan (MMP) | An MMP is a continuing plan for the use and management of medicines developed in collaboration with the patient. The MMP records medicines taken before admission and aids medication reconciliation throughout the patient’s episode of care. It is a record of patient-specific medicines-related issues, actions taken to resolve issues and medication management goals developed during the episode of care. All health professionals are responsible for documenting on the MMP regardless of the setting. The MMP or equivalent may be used in inpatient, outpatient or non-admitted areas, emergency departments, subacute or for primary care. |
| medication profile | A comprehensive summary of all regular medicines (including prescription, over the counter and complementary medicines) taken by a person, and is intended to promote better understanding and management of medicines by people, as well as improve communication between people and their healthcare providers. Also referred to as a Patient Medication Profile (PMP). |
| medication reconciliation | A formal process of obtaining and verifying a complete and accurate list of each person’s current medicines (including prescription, over-the-counter and CAMs), and matching the medicines the person should be prescribed to those they are actually prescribed. Any discrepancies are discussed with the prescriber, and reasons for changes to therapy are documented and communicated to the next care provider (as well as the person or their carer) when care is transferred. Medication review may form part of the medication reconciliation process. |
| medication review | A systematic, comprehensive and collaborative assessment of medication management for an individual person that aims to optimise the patient’s medicines and outcomes of therapy by providing a recommendation or making a change. It includes the objective of reaching an agreement with the person about treatment, optimising the impact of medicines, minimising the number of medicines-related problems and reducing waste. Medication review may be part of medication reconciliation. See also **home medicine reviews (HMRs)** and **residential medication management reviews (RMMRs)**. |
| medication use review | See **medicine use review (MUE)**. |
| medicine | A chemical substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease, or otherwise improving the physical or mental wellbeing of people. These include prescription, nonprescription, investigational, clinical trial and complementary medicines, irrespective of how they are administered. |
| medicine-related problem | Any event involving treatment with a medicine that has a negative effect on a patient’s health or prevents a positive outcome. Consideration should be given to disease specific, laboratory test–specific and patient-specific information. Medicine-related problems include issues with medicines such as:   * Underuse * Overuse * Use of inappropriate medicines (including therapeutic duplication) * Adverse drug reactions, including interactions (medicine–medicine, medicine–disease, medicine–nutrient, medicine–laboratory test) * Noncompliance. |
| medicines governance group | Has responsibility for medication management, including formally reporting to the organisation’s clinical governance or managers. This is usually a drug and therapeutics committee, or a committee with a similar name and intent (for example, quality use of medicines committee, medication safety committee, medication advisory committee [MAC]). See also **medication advisory committee (MAC)**. |
| medicines list | Prepared by a healthcare professional, a medicines list contains, at a minimum:   * All medicines a patient is taking, including over-the-counter, complementary, prescription and non-prescription medicines; for each medicine, the medicine name, form, strength and directions for use must be included * Any medicines that should not be taken by the patient, including those causing allergies and adverse drug reactions; for each allergy or adverse drug reaction, the medicine name, the reaction type and the date on which the reaction was experienced should be included.   Ideally, a medicines list also includes the intended use (indication) for each medicine.  It is expected that the medicines list is updated and correct at the time of transfer (including clinical handover) or when services cease, and that it is tailored to the audience for whom it is intended (that is, individual or healthcare professional). |
| medicines or medication literacy | The degree to which individuals can obtain, comprehend, communicate, calculate and process patient-specific information about their medicines to make informed medicines and health-related decisions in order to safely and effectively use their medicines, regardless of the mode by which the content is delivered (for example, written, oral and visual). |
| medicine use review (MUE) | An authorised, structured, ongoing quality improvement cycle of medicine use within a healthcare organisation, where medicine use is evaluated by using pre-determined standards. Interventions and actions are initiated to correct patterns of use which are not consistent with these standards. This may include a mechanism for measuring the effectiveness of any corrective actions. Also referred to as drug use evaluation (DUE), drug use review (DUR) and medication use review (MUR). |
| MedsCheck | A service provided within a Community Pharmacy and consists of a review of a patient’s medicines to improve the patient’s understanding of their medicines and ultimately, patient outcomes. The service aims to support self-management by evaluating a patient’s knowledge about their medicines, addressing any problems the patient has identified with their medicines, and advising the patient about the best way to utilise and store their medicines. |
| minor ailments | Conditions that are self-limiting, with symptoms easily recognised and described by the patient and falling within the scope of pharmacist’s knowledge and training to treat. For example, common cold, cough, low back pain, tension headache, migraine, primary dysmenorrhoea and reflux, insect bites, nasal congestion. |
| multidisciplinary care | An approach to care that involves team members working independently to create discipline-specific care plans that are implemented simultaneously, but without explicit regard to their interaction. See also **interdisciplinary care**. Depending on the resources of the health service, a combination of the two approaches may be used when caring for older people. |
| multidisciplinary team | A team including healthcare professionals from multiple disciplines who work together to deliver comprehensive care that deals with as many of the individual’s health and other needs as possible. The team may operate under one organisational umbrella or may be from several organisations brought together as a unique team. As a person’s condition changes, the composition of the team may change to reflect the changing clinical and psychosocial needs of the person. Multidisciplinary care includes interdisciplinary care. See also **interdisciplinary care**. (A discipline is a branch of knowledge within the health system.) Five principles that may help enhance team effectiveness include:   * Shared purpose and goals * Clear roles and responsibility * Mutual trust * Effective communication * Measuring process and outcomes of team function. |
| My Health Record (formerly known as a personally controlled electronic device) | The secure online summary of a consumer’s health information, managed by the System Operator of the national My Health Record system (the Australian Digital Health Agency). Healthcare professionals are able to share health clinical documents to a consumer’s My Health Record, according to the consumer’s access controls. These may include information on medical history and treatments, diagnoses, medicines and allergies. |
| [National Medication Management Plan (NMMP)](https://www.safetyandquality.gov.au/sites/default/files/2021-12/national_medication_management_plan_user_guide_2021_1.pdf) | A standardised form to improve the accuracy and completeness of documented information to support continuity of medication management and medication reconciliation during transitions of care. It includes a discharge and transfer medication plan section. This section needs to be completed during the discharge planning phase of a patient’s hospital stay. |
| National Residential Medication Chart (NRMC) | A paper-based medication chart for people living in residential care facilities. The chart can be used to prescribe, dispense, claim and administer eligible Pharmaceutical Benefits Scheme (PBS) and non-PBS medicines directly, without the need for a separate prescription form. |
| near miss | An incident or potential incident that was averted and did not cause harm, but had the potential to do so. See also **adverse event**, **adverse drug event**, **adverse medicine event**, **incident** and **medication incident**. |
| non-prescription medicine | Medicines available without prescription. Examples are cough mixtures, simple analgesics and antacids. Some can be sold only by pharmacists (‘Pharmacist Only Medicine’) or in a pharmacy (‘Pharmacy Only Medicine’); others can be sold through non-pharmacy outlets such as supermarkets. Also known as ‘over-the-counter’ (OTC) medicines. |
| Nurse Practitioner (NP) | A Registered Nurse (RN) experienced in their clinical specialty, educated at Masters Level, and who is endorsed by the Nurses and Midwives Board of Australia (NMBA) to provide patient care in an advanced and extended clinical role, including prescribing of medicines. |
| open disclosure | The open discussion that a provider of care or services has with consumers when things go wrong that have harmed or had the potential to cause harm to a consumer. This may also involve the consumer’s family, carers and other support people, when a consumer would like them to be involved. It involves an expression of regret by the provider and a factual explanation of what happened, the actual and potential consequences and what steps are being taken to manage this and prevent it happening again. |
| outcome | The status of an individual, group of people or population that is wholly or partially attributable to an action, agent or circumstance. |
| over-the-counter (OTC) medicines | See **non-prescription medicines**. |
| pain | An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage. |
| partnership | A situation that develops when patients and consumers are treated with dignity and respect, when information is shared with them, and when participation and collaboration in healthcare processes are encouraged and supported to the extent that patients and consumers choose. Partnerships can exist in different ways in a health service organisation, including at the level of individual interactions; at the level of a service, department or program; and at the level of the organisation. They can also exist with consumers and groups in the community. Generally, partnerships at all levels are necessary to ensure that the health service organisation is responsive to patient and consumer input and needs, although the nature of the activities for these different types of partnership will depend on the context of the health service organisation. |
| patient reported experience measures (PREMs) | Instruments used to capture patients’ experience of receiving treatment and care. The Beryl institute defines patient experience as ‘the sum of all interactions, shaped by an organisation’s culture, that influence patient perceptions across the continuum of care’. PREMs provide a systematic way to assess a person’s perception of whether something that should happen during their care actually happened or how often it happened. For example, whether their concerns were listened to and whether the staff communicated with each other about their care.  People receiving care have a unique perspective on the day-to-day running of a healthcare service and how this affects them. Evidence suggests that good experiences of care are associated with good clinical and quality of life outcomes. Healthcare services can use PREMs to identify specific areas for improvement. |
| patient medication profile (PMP) | See **medication profile**. |
| patient reported outcome measures (PROMs) | Instruments that are used to measure patient-reported outcomes, most often through self-reported questionnaires. A patient-reported outcome is defined as ‘any report of the status of a patient’s health condition that comes directly from the patient without interpretation of the patient’s response by a healthcare professional or anyone else’. PROMs focus on various aspects of health, such as symptoms, daily functioning, and quality of life. PROMs are usually measured on two or more occasions to enable comparisons over time.  PROMs facilitate measurement of the impacts of health conditions and treatments. Insights from using PROMs can be used alongside with relevant clinical information to gain a broader understanding of a person’s health. |
| person-centred care | An approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among healthcare professionals and patients. Person-centred care is respectful of, and responsive to, the preferences, needs and values of patients and consumers. Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care. Also known as patientcentred care or consumer-centred care. See also **partnership** and **person-centred partnership**. |
| person-centred partnership | Adopting and implementing quality use of medicines (QUM) and medicines safety into practice, engaging with all stakeholders according to their roles and responsibilities in medication management to support shared decision-making and using effective and respectful communication. See also **partnership** and **person-centred care**. |
| person responsible | Can consent for treatment on behalf of the patient. See also **substitute decision-maker**. |
| pharmacist | A person who is registered as a pharmacist under the Ahpra, which in association with the Pharmacy Board of Australia has deemed that person to be a pharmacist. A registered pharmacist can practise in a variety of settings including community, hospital, RACF, general practice or other setting. |
| Pharmacist-only medicines (Schedule 3) | See **non-prescription medicines**. |
| plain language | Or plain English, is a way of writing or presenting information so that readers can understand it quickly and easily, and act upon the information. It uses common everyday words, is action-oriented (uses active voice), and avoids verbose or convoluted language, jargon, euphemism, and ambiguous language. |
| policy | A set of principles that reflect the organisation’s mission and direction. All procedures and protocols are linked to a policy statement. |
| Pharmacist Shared Medication List (PMSL) | A list of medicines that may include those prescribed by your doctor, non-prescription medicines including OTC or complementary medicines (such as vitamins or herbal medicines) you may take. This list will include details on how and when you take your medicines at the time the list was created. Pharmacists can upload a PMSL to a person’s My Health Record. |
| polypharmacy | The use of multiple medicines to prevent or treat medical conditions. It is commonly defined as the concurrent use of five of more medicines by the same person. Medicines include prescription, complementary and nonprescription (or OTC) medicines. See also **inappropriate polypharmacy**. |
| prescriber | A healthcare professional who is authorised by legislation to issue a prescription for the supply of medicines. PBS prescribers include doctors, dentists, optometrists, midwives and nurse practitioners who are approved to prescribe PBS medicines under the National Health Act 1953. |
| primary care | Clinical service provided at the entry level to the health system, and as such is usually a person’s first encounter with the health system. |
| Primary Healthcare Networks (PHNs) | Independent organisations working to streamline health services – particularly for those at risk of poor health outcomes – and to better coordinate care so people receive the right care, in the right place, at the right time. |
| procedure | The set of instructions to make policies and protocols operational, which are specific to an organisation. |
| process | A series of actions or steps taken to achieve a particular goal. |
| program | An initiative, or series of initiatives, designed to deal with a particular issue, with resources, a time frame, objectives and deliverables allocated to it. |
| protocol | Generally, means an official set of procedures for what actions to take in a certain situation. |
| quality improvement | The combined efforts of the workforce and others – including consumers, patients and their families, researchers, planners and educators – to make changes that will lead to better patient outcomes (health), better system performance (care) and better professional development. Quality improvement activities may be undertaken in sequence, intermittently or continually. |
| registered nurse (RN) | A person who has completed the prescribed education preparation, demonstrates competence to practise and is registered under the Health Practitioner Regulation National Law as a registered nurse in Australia. |
| regularly | Occurring at recurring intervals. The specific interval for regular review, evaluation, audit or monitoring needs to be determined for each case. The interval should be consistent with best practice, risk based, and determined by the subject and nature of the activity. |
| residential aged care facility (RACF) | A special-purpose facility that provides accommodation and personal care 24 hours a day, as well as access to nursing and general healthcare services, and assistance towards independent living, for senior Australians who can no longer live in their own home. All government-funded aged care facilities must be approved providers and meet quality standards. |
| residential care | Personal and/or nursing care provided to a person in a residential RACF in which the person is also provided with accommodation that includes meals, cleaning services, furniture and equipment. |
| Residential Medication Management Review (RMMR) | A collaborative medication review provided by an accredited pharmacist in accordance with a program funded by the Australian Government for eligible people receiving care within a government-funded RACF, consistent with the business rules for Item 903 of the Medicare Benefits Schedule. See also **medication review**. |
| responsibility | Being entrusted with or assigned a duty or charge. In many instances, responsibility is assumed, appropriate with one’s duties. Responsibility can be delegated as long as it is delegated to someone who has the ability to carry out the task or function. The person who delegated the responsibly remains accountable, along with the person accepting the task or function. Responsibility is about accepting the tasks/functions inherent in one’s role. |
| responsive behaviour | Also referred to as reactive behaviour, is a term originating from, and preferred by, people with dementia that represents how their actions, words and gestures are a response to something important to them. For instance, as a way of responding to something negative, frustrating or confusing and to express something important about their personal, social or physical environment. The response from the person can impedes the provision of care or their daily activities and may create a risk of harm to the person or others. |
| restrictive practice | Any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. Under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 certain restrictive practices are subject to regulation. These include seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint. |
| risk | The chance of something happening that will have a negative impact. Risk is measured by the consequences of an event and its likelihood. |
| risk assessment | Assessment, analysis and management of risks. It involves recognising which events may lead to harm in the future, and minimising their likelihood and consequences. |
| risk management | The design and implementation of a program to identify and avoid or minimise risks to individuals, employees, volunteers, visitors and the organisation. |
| Schedule 3 medicines | Also referred to as ‘Pharmacist only medicines’ within the Poisons Standard 2022, are substances, the safe use of which requires professional advice but which are available to the public from a pharmacist without a prescription. |
| Schedule 4 medicines | Also referred to as prescription only medicines within the Poisons Standard 2022, are substances, the use or supply of which should be by or on the order of persons permitted by state or territory legislation to prescribe and should be available from a pharmacist on prescription. They are most medicines for which prescriptions are required, and that are not classified as Schedule 8. See also **Schedule 8 medicines**. |
| Schedule 8 medicines | Also referred to as drugs of dependence, are prescription-only medicines that have a recognised therapeutic need but also a higher potential for misuse, abuse and dependence. According to the Poisons Standard 2022 they require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence. |
| scope of clinical practice | The extent of an individual healthcare professional’s approved clinical practice within a particular organisation, based on the healthcare professional’s skills, knowledge, performance and professional suitability, and the needs and service capability of the organisation. |
| Serious Incident Reporting Scheme (SIRS) | An initiative that helps prevent and reduce incidents of abuse and neglect in residential aged care services subsidised by the Australian Government. It sets out arrangements for approved providers of residential aged care and flexible care delivered in a residential setting to manage and take reasonable action to prevent incidents with a focus on the safety, health, well-being and quality of life of consumers. |
| service provider | Provider of a health and/or community care service in a community setting. |
| shared decision-making | A consultation process in which a healthcare professional and a patient jointly participate in making a health decision, having discussed the options, and their benefits and harms, and having considered the patient’s values, preferences and circumstances. |
| special access scheme (SAS) | Allows certain health practitioners to access [therapeutic goods](https://www.tga.gov.au/what-are-therapeutic-goods) (such as medicines, medical devices or biologicals), that are not included in the Australian Register of Therapeutic Goods. It provides for the import and supply of an unapproved therapeutic good to a single patient on a casebycase basis. |
| section 100 (s100) | In addition to the drugs and medicinal preparations available under normal PBS arrangements listed in this schedule, a number of drugs are also available as pharmaceutical benefits but are distributed under alternative arrangements where these are considered more appropriate. These alternative arrangements are provided for under section 100 of the National Health Act 1953. Examples include, the highly specialised drugs program and essential medicines through Aboriginal Health Services. |
| staged supply | Refers to arrangements where the pharmacist, usually in response to a request from the prescriber, supplies a medicine to the patient over a period of time in instalments rather than supplying the full amount prescribed at the outset. |
| standard | Agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a designated level. |
| standing order | Legal written instructions for the administration of medicines by an authorised person. The authorised person must have a valid and current written instruction for the specific use of the standing order. A standing order is NOT the same as a ‘when required’ (PRN) order. |
| substitute decision-maker | A person appointed or identified by law to make health, medical, residential and other personal (but not financial or legal) decisions on behalf of a patient whose decision-making capacity is impaired. A substitute decision-maker may be appointed by the patient, appointed for (on behalf of) the person, or identified as the default decision-maker by legislation, which varies across states and territories. See also **person responsible**. |
| system | The resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated goal. A system:   * Brings together risk management, governance, and operational processes and procedures, including education, training and orientation * Deploys an active implementation plan; feedback mechanisms include agreed protocols and guidelines, decision support tools and other resource materials * Uses several incentives and sanctions to influence behaviour and encourage compliance with policy, protocol, regulation and procedures.   The workforce is both a resource in the system and involved in all elements of systems development, implementation, monitoring, improvement and evaluation. |
| systems approach | Seeks to identify situations or factors likely to give rise to human error, and change the underlying systems of care in order to reduce the occurrence of errors or minimise their impact on patients. It provides a framework for analysis of incidents and efforts to improve safety, developing behaviours and an environment that supports a culture of safety, this includes supporting quality use of medicines (QUM) and medicines safety. |
| timely (communication) | Communication of information within a reasonable time frame. This will depend on how important or time critical the information is to a patient’s ongoing care or wellbeing, the context in which the service is provided and the clinical acuity of the patient. |
| training | The development of knowledge and skills. |
| transitions of care | Situations when all or part of a patient’s care is transferred between healthcare locations, providers, or levels of care within the same location, or as the person’s condition and care needs change. |

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All information in this publication is correct as at June 2022

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